

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MERCY REHABILITATION MEDICAL CENTER, CORP

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MERCY REHABILITATION MEDICAL CENTER, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

**5040 NW 7TH STREET STE-712
MIAMI, FL 33126**

Mailing address, if different is:

**5040 NW 7TH STREET STE-712
MIAMI, FL 33126**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
REHABILITATION CENTER

ARTICLE IV SHARES

The number of shares of stock is **500 SHARES TO \$ 1.00 EACH**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **BARBARA CORVO (DIRECTOR)**

Address: **5040 NW 7TH STREET STE-712
MIAMI, FL 33126**

Name and Title: _____

Address: _____

Name and Title: **MERCEDES SOCARRAS (PRESIDENT)**

Address: **5040 NW 7TH STREET STE-712
MIAMI, FL 33126**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **MERCEDES SOCARRAS**

Address: **5040 NW 7TH STREET STE-712
MIAMI, FL 33126**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MERCEDES SOCARRAS**

Address: **5040 NW 7TH STREET STE-712
MIAMI, FL 33126**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x



Required Signature/Registered Agent

01/07/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

x



Required Signature/Incorporator

01/07/2011

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 10 AM 10:28

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